				Print Form
Board of Occupational Therapy Practice 301 South Park PO Box 200513	RE	NEWAL APPLICATION		License Number:
Helena, MT 59620-0513 (406) 444-6880 unita@mt.gov		Check For New Address. Indicate any changes below.		
Name			_	Active - \$110
Address				Inactive - \$50
City	State	Zip Code		
Country				
Email Address:				
Your Montana Occup	ational The	rapist/Assistant license will ex	pire on June	15.
PM, MST on the renewal deadline date. Fallate fee.) OR  1) Complete this renewal application 2) Complete the Continuing Education 3) Answer the disciplinary question 3 4) Renewals for an ACTIVE status po 5) Renewals for an INACTIVE status 6) Sign the renewal application. 7) Return the renewal application are with the continuing education recommendation and the continuing education recommendation	n. on Attest Sta at the bottor ostmarked af postmarked and fee to the enewal year	Itement below. In of the form. Iter June 15 will be assessed a lighter June 15 will be	ate penalty c a late penalt fference of th ou are not au	of \$110.00. y fee of \$50. he renewal fee along othorized to practice in
CONTINUING EDUCATION STATEMENT				
I am aware of the continuing education re requirement. I will submit proof of attend				sible for fulfilling that
You may access continuing education requ 24.165.2102.	uirements at	www.ot.mt.gov. Please refer	ence rules 24	4.165.2101 &
PLEASE BE ADVISED THAT YOU CANNOT V			YOU WORK	WITHOUT A VALID,
OF YOUR PROFESSIONAL LICENSES SINCE LICENSE, WHICHEVER OCCURRED LATEST final orders. MCA 37-1-105 requires that y	EITHER YOUI ? If so, please	e attach copies of the documer	ANA OR SINC nt that initiat	E YOU RENEWED YOUR ed each action and all

grounds for denial or revocation of your license.

I hereby declare under penalty of perjury the information included in my renewal to be true and complete to the best of my knowledge.

Your signature:	Date:	